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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/451,161 02/28/2003
 and is a CON of 10/461,939 06/13/2003
 which is a CIP of 10/083,266 02/23/2002 PAT 6,679,862
 and claims benefit of 60/451,161 02/28/2003

Yes AG 4/10/06

** FOREIGN APPLICATIONS *****

None AG 4/10/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MI	9	23	2
Examiner's Signature <i>[Signature]</i> 4/10/06 Initials				

ADDRESS

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TITLE

Two site infusion apparatus

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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